



1632

Docket No. 0575/59167-A-PCT-US/JPW/BJ.

In re application

David J. Pinsky

Serial No.: 10/049.320

Filed: February 6, 2002

For: CD39/ECTO-ADPase FOR TREATMENT OF THROMBOTIC AND ISCHEMIC DISORDERS

COMMISSIONER FOR PATENTS

P.O. Box 1450
Alexandria, VA 22313-1450

S I R:

Transmitted herewith is an amendment to the above-identified application.

Small entity status of this application under 37 C.F.R. § 1.9 and § 1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 C.F.R. § 1.9 and § 1.27 is enclosed.

No additional fee is required.

The filing fee is calculated as follows:

| | NUMBER AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | NUMBER OF EXTRA CLAIMS PRESENTED | RATE | | FEE | |
|--|------------------------|------------------------------------|----------------------------------|----------------------|--------------|--------------|--------------|
| | | | | SMALL ENTITY | OTHER ENTITY | SMALL ENTITY | OTHER ENTITY |
| Total Claims | 28 | - * 33 | - *** 0 | x \$9.00 | \$18.00 | - | 0 |
| Independent Claims | 6 | - ** 3 | - *** 3 | x \$43.00 | \$86.00 | - | 129.00 |
| Multiple Dependent Claims(s) Presented For First Time: | Yes | X No | | \$145.00 | \$290.00 | | 0 |
| | | | | TOTAL ADDITIONAL FEE | | \$129.00 | |

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

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The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims as originally filed.

Please charge Deposit Account No. _____
 in the amount of \$ _____. _____

A check in the amount of \$ 129.00 is enclosed.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-3125. Three copies of this sheet are enclosed.

Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.

Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,

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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:

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2/24/04



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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : David J. Pinsky

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For : CD39/ECTO-ADPase FOR TREATMENT OF THROMBOTIC AND ISCHEMIC DISORDERS

1185 Avenue of the Americas
New York, New York 10036
February 24, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

SECOND PRELIMINARY AMENDMENT

This Second Preliminary Amendment is submitted in connection with the above-identified application.

Please amend the subject application as follows: